

REQUEST TO CHANGE STATE HIV MEDICATION FORMULARY

1) Request to (check one): <input type="checkbox"/> ADD medication to formulary <input type="checkbox"/> DELETE medication from formulary	
2) Brand name of medication:	3) Generic name of medication:
4) Will this medication replace the use of another presently on the formulary (check one): <input type="checkbox"/> NO <input type="checkbox"/> YES Which medication(s)?	
5) Name of pharmaceutical supply company (if single source):	
6) Medical criteria for using this medication:	
7) Other medications on the formulary that must be used in conjunction with this medication (multi-drug therapy):	
MONTHLY CALCULATIONS	
8) How is the medication supplied:	9) Maximum program supplied units per client:
10) Cost per unit supplied:	11) Estimated number of clients that will use this medication:
FISCAL IMPACT	
12) Present monthly expenditures:	13) Estimated monthly expenditure for this medication:
14) Estimated monthly medication expenditures with the (check one) <input type="checkbox"/> ADDITION or <input type="checkbox"/> DELETION of this medication:	
15) Maximum monthly expenditures to stay within the current budget:	
ADVISORY COMMITTEE RECOMMENDATION	
The Committee (check one) <input type="checkbox"/> recommends / <input type="checkbox"/> does not recommend the <input type="checkbox"/> ADDITION / <input type="checkbox"/> DELETION of this medication.	
<input type="checkbox"/> This request is Bureau generated and was not presented to the Committee.	
COMMISSIONER OF HEALTH APPROVAL	
Request to (check one) <input type="checkbox"/> ADD / <input type="checkbox"/> DELETE this medication is <input type="checkbox"/> APPROVED / <input type="checkbox"/> DENIED.	
Signature of the Commissioner of Health:	Date: